

CHAPTER 6

Enrollments

Enrolling

If a person is assessed to have needs that can be met through the provision of waiver services, has chosen to receive services through this waiver, has been allocated a waiver slot, has Medicaid, and has met ICF/IID Level of Care; he/she is eligible to be enrolled in the Community Supports Waiver (pending slot availability).

Planning

The Community Supports Waiver includes an individual cost limit, which means that all services rendered to an individual during a fiscal year (July 1-June 30) **must not exceed** the individual cost limit amount. Because of this individual cost limit, it is essential that you discuss all options, services, and limitations of the waiver with the individual/legal guardian to make sure that the waiver is appropriate BEFORE enrolling. Poor planning and budgeting can cause an individual to reach the cost limit before the end of the year. DDSN has developed the **Supports Planning Worksheet** as a tool to help with planning and calculating an individual's budget. It can be found on the DDSN website www.ddsn.sc.gov. It is **recommended** that a form be developed for individuals to sign after reviewing their budgets as a precaution to make sure individuals are aware of the choices they have made and how it affects their individual cost limit. It is also **recommended** that you reconcile an individual's budget on a monthly basis to keep track of expenditures.

Note: Thirty (30) calendar days without a waiver service is grounds for disenrollment.

Actual enrollment occurs when the person's status on SCDHHS's Medicaid Management Information System (MMIS) is updated to reflect Community Supports Waiver enrollment. The effective date of the enrollment will be:

1. the day the person is discharged from an ICF/IID (as shown on the HHSFC Form 181); **OR**
2. the date on which Medicaid eligibility is established for a "new" enrollee **OR**
3. the day after a person is disenrolled/terminated from another Home and Community Based Waiver (i.e., CLTC's Community Choices Waiver or ID/RD Waiver) as noted on **Community Supports Form 18**; **OR**
4. the day after Community Long Term Care stops authorizing Children's PCA services/State Plan Nursing (note: this date must be negotiated with CLTC staff using **Community Supports Form 18**); **OR**
5. the day the person is discharged from the hospital (if entering the waiver immediately following a hospital admission).

No waiver services can be authorized prior to the effective date of enrollment.

To become enrolled, the Waiver Enrollments Coordinator (See Attachment 2), who is responsible for processing all enrollments, must receive appropriate information. This information includes the **Notice of Slot Allotment (Community Supports Form 5)** completed by the District I Waiver Coordinator, **SCDHHS Form 118A** completed by Waiver Enrollments Coordinator and SCDHHS Eligibility Worker, **Level of Care (Community Supports Form 9)**, which is sent to the Enrollments Coordinator by the Consumer Assessment Team and a **Form 181** if the person is being discharged from an ICF/IID. The **Form 181** is usually sent by the Regional Center Claims and Collections Office.

Before Community Supports Waiver services can be authorized and received, the potential recipient must be eligible for Medicaid. The SC Department of Health and Human Services Eligibility Division (SCDHHS) makes the determination of Medicaid eligibility.

SCDHHS/SCDDSN has, in each region of the State, designated a Medicaid Eligibility Worker who works specifically with people who receive services through SCDDSN's ICF/IID, Community Supports Waiver, ID/RD Waiver, PDD Waiver and HASCI Waiver. These offices are located at our four regional centers, Midlands Center (Richland County), Pee Dee Center (Florence County), Coastal Center (Dorchester County), and Whitten Center (Laurens County). These workers are available to help through the Medicaid eligibility process and to determine the best possible eligibility category. A list of the Regional DHHS Medicaid Eligibility Workers is included in this chapter (see **Attachment 3**). They are responsible for all counties in their designated regions.

When the individual has been awarded a Community Supports Waiver slot, the District I Waiver Coordinator will complete the **Notice of Slot Allotment (Community Supports Form 5)** and forward it to the Waiver Enrollments Coordinator. The Waiver Enrollments Coordinator will notify the DHHS Eligibility Worker via the **SCDHHS Form 118 A**. The Case Manager/Early Interventionist will also receive a fax copy of the **Community Supports Form 5**, which is the notification of waiver slot award.

- If the potential recipient is **not Medicaid eligible**, the DHHS Eligibility Worker will contact the participant/legal guardian to obtain the information needed to complete the application for Medicaid. The Case Manager/Early Interventionist should assist the potential recipient in completing the application and returning it to the DHHS Eligibility Worker as soon as possible. In order to receive information from the DHHS Eligibility Worker the CM/EI must obtain a DHHS Form 1282 signed by the individual allowing information to be shared with DDSN.

Please note: Establishing Medicaid eligibility is a lengthy process. The process may take in excess of 90 days to complete, but should not exceed 120 days.

- Once eligibility is determined, SCDHHS will notify the potential recipient and SCDDSN's Waiver Enrollments Coordinator in writing of the decision. If determined eligible, the eligibility will be effective the first day of the month in which the application was submitted. For example, you may be notified in April that a potential recipient was determined eligible. If the application for the recipient was submitted on January 20, eligibility will likely be effective January 1.
- If the potential recipient is deemed **not eligible** for Medicaid, the Waiver Enrollments Coordinator will delete the request for waiver enrollment once notification from DHHS/Eligibility is received.

Once ready for enrollment, if the enrollee is currently enrolled in another Home and Community Based Waiver or is receiving Children's PCA through the State Plan, the Service Coordinator/Early Interventionist must provide the Waiver Enrollment Coordinator with the negotiated date of disenrollment from the other Home and Community Based Waiver or the date of cessation of authorization of Children's PCA. **This date should not, however, be negotiated with CLTC until it has been verified that the consumer is ready to transition to the Community Supports Waiver.** This must be done by consulting the Waiver Enrollment Coordinator. Once the negotiated date is verified with CLTC, formal notification should be given by completing the Memorandum of Confirmation of Transition (Community Supports Form 18). The original is sent to the CLTC Case Manager and copies are sent to the Waiver Enrollment Coordinator and the DHHS Medicaid Eligibility Worker (See Attachment 3 for instructions).

If all enrollment requirements are met, SCDDSN submits the enrollment form to SCDHHS, and SCDHHS will complete the actual enrollment transaction on MMIS. The Waiver Enrollment Coordinator will notify the Service Coordinator/Early Interventionist via the Certification of Enrollment/Disenrollment Form (HCB Form 13) of the enrollment date. Once this is done, the Waiver Tracking System will show an "E" under ENINS. Upon receipt of the Certification of Enrollment/Disenrollment Form (HCB Form 13) or when the Waiver Tracking System indicates an "E" under ENINS, the Service Coordinator/Early Interventionist may complete the participant's budget, add it to the Waiver Tracking System, obtain approval, and begin authorizing services

Application Withdrawal: If for some reason during the enrollment process, the individual/legal guardian decides that they no longer wish to pursue Community Supports Waiver service and enrollment, they must complete the **Statement of Individual Declining Waiver Services (Community Supports Form 20)**. This form should be signed and dated by you along with the individual/legal guardian unless the procedures for a **Non-Signature Declination** are followed. A copy must be forwarded to the District I Waiver Coordinator at Whitten Center. A copy should be provided to the individual and the original placed in the individual's file (see chapter 3). If the individual/legal guardian makes this decision after the enrollment process is completed, the **Notice of Disenrollment (Community Supports Form 17)** must be completed. Please refer to Chapter 7 for instructions regarding disenrollments.

Note: If the individual/legal guardian makes this decision after the enrollment process is finalized, the **Notice of Disenrollment (Community Supports Waiver Form 17)** must be submitted according to the procedures outlined in Chapter 3.

If the enrollee is currently enrolled in another Home and Community Based Waiver, receiving Children's PCA or receiving State Plan Nursing, you must provide the Waiver Enrollments Coordinator with the negotiated date of disenrollment from the other Home and Community Based Waiver or the date of cessation of authorization of Children's PCA Services/State Plan Nursing. **However, do not proceed with negotiating this date with CLTC until you have verified that the individual is ready to transition.** This must be done by consulting the Waiver Enrollments Coordinator. Once the negotiated date is verified with CLTC, formal notification should be given by completing the **Memorandum of Confirmation of Transition (Community Supports Form 18)**. The original is sent to the CLTC Case Manager and copies are sent to the Waiver Enrollments Coordinator and the DHHS Medicaid Eligibility Worker (See **Attachment 4** of this section for form and instructions).

Non-Signature Declinations and Non-Cooperation

When a pending waiver enrollment case requires closure (e.g. family moved out-of-state, unable to locate consumer/legal guardian or consumer/legal guardian has been non-responsive to required documentation or decisions related to Waiver enrollment) and the Case Manager/ Early Interventionist (CM/EI) is unable to obtain the signature of the consumer/legal guardian, the Waiver Enrollment Coordinator can close the case without a signature only after the CM/EI has met the following conditions:

1. The case file must contain specific dates when the CM/EI tried to contact the consumer/legal guardian. Notes will indicate what phone number was called and if a message was left or if a conversation took place. The CM/EI will ensure that calls are made on multiple days, at varying times to all available contact numbers and during times the file indicates someone would typically be at home.
2. After several telephone calls to no avail, the CM/EI should send a certified, return receipt letter clearly explaining what issues need to be resolved, a copy of the appropriate appeals process and a statement that the case will be closed in the next ten (10) calendar days if no appropriate response is received. If there is no response in the ten (10) calendar days proceed to Step #4.
3. If during the ten (10) calendar days the individual contacts the CM/EI and requests assistance or additional time to make a decision, they should be given 30 calendar days from the request. If a decision is still not reached or documentation has not been received at the end of 30 calendar days then another certified letter should be sent clearly explaining what issues need to be resolved, a copy of the appropriate appeals process and a statement that the slot will be revoked in the next ten (10) calendar days if no appropriate response is received.
4. If the above steps have been taken, the Statement of Consumer Declining Waiver Services can be processed without a consumer/legal guardian's signature. A copy must be forwarded to the appropriate Waiver Coordinator, who will remove the consumer's name from the waiting list. A copy of the form should be sent to the consumer and the original placed in the consumer's file. If, at a later time, the consumer wishes to re-apply for the Waiver, a new Request for Waiver Slot Allocation must be submitted according to the procedures outlined in the waiver manual.

Example of the contact flow:

- Multiple contacts documented informing the family of the required decision/documentation
- Certified letter
- 10 days later (if no contact is made or there is no request for additional time) Form 20 is completed and slot revoked

If the consumer/family requests additional time:

- Allow an additional 30 days for resolution
- Contact family for resolution
- Certified letter (if no resolution)
- 10 days later Form 20 is completed and slot revoked

****These standards are a minimum, if at any time the CM/EI feels additional time is needed by the family it can be granted.**

Re-Enrolling Into The Community Supports Waiver After The Slot Has Been Held From The Previous Year

To re-enroll a Community Supports Waiver individual who has had his/her slot held from the previous year, the procedures for obtaining a current **Support Plan**, new **Freedom of Choice Form (Community Supports Form 1)**, new **Acknowledgement of Rights and Responsibilities Form (Community Supports Form 2)**, and new **Level of Care** re-determination must be followed. If the individual meets ICF/IID Level of Care, the individual will be re-enrolled back into the waiver. If the individual **does not** meet Level of Care, follow the procedures outlined in **Chapter 5 (ICF/IID Level of Care)**.

NOTE: All items must be acquired within 364 days of the date previously completed forms.

State Coordinator for Community Supports Waiver:

3440 Harden Street Ext.
P.O. Box 4706
Columbia, SC 29240
Phone: (803) 898-9703
Fax: (803) 898-9660

Waiver Enrollments Coordinator:

Whitten Center
P.O. Office Box 239
Clinton, SC 29325
Phone: (864) 938-3292
Fax: (864) 938-3302

District I Waiver Coordinator:

Whitten Center
P.O. Office Box 239
Clinton, SC 29325
Phone: (864) 938-3520
Fax: (864) 938-3435

District II Waiver Coordinator:

Coastal Center
9995 Jamison Road
Summerville, SC 29485
Phone: (843) 832-5585
Fax: (843) 832-5599

SCDHHS Regional Medicaid Eligibility Workers:**Midlands Region:**

Jason Beever
 Midlands Center
 8301 Farrow Road
 Columbia, SC 29203
 Phone: (803) 935-5041
 Fax: (803) 255-8245
 E-mail: Beever@scdhhs.gov

Lloyd McCrary
 Midlands Center
 8301 Farrow Road
 Columbia, SC 29203
 Phone: (803) 935-5922
 Fax: (803) 255-8245
 E-mail: McClary@scdhhs.gov

Richland	Aiken	Fairfield	Lancaster
Lexington	Newberry	Calhoun	
Kershaw	York	Chester	

Piedmont Region:

Robin Austin
 Whitten Center
 P.O. Box 239
 Clinton, SC 29325
 (864) 938-3200
 Fax: (864) 938-3119
 E-mail: Austin@scdhhs.gov

Susan Leverette
 Whitten Center
 P. O. Box 239
 Clinton, SC 29325
 Phone: (864) 938-3129
 Fax: (864) 938-3119
 E-mail: Levpaula@scdhhs.gov

Anderson	Pickens	Oconee	Edgefield	Greenwood
Cherokee	Saluda	Spartanburg	McCormick	
Greenville	Laurens	Union	Abbeville	

Coastal Region:

Sandra Greene
 Coastal Center
 9995 Miles Jamison Road
 Summerville, SC 29485
 (843) 821-5887
 fax: (843) 821-5889
 E-mail: Greenesl@scdhhs.gov

Allendale	Colleton	Beaufort	Jasper
Bamberg	Dorchester	Berkeley	Orangeburg
Barnwell	Hampton	Charleston	

Pee Dee Region:

Lisa McCarty
 Pee Dee Center
 714 National Cemetery Road
 Florence, SC 29501
 Phone: (843) 664-2707
 Fax: (843) 664-2730
 E-mail: McCartyl@scdhhs.gov

Chesterfield	Dillon	Horry	Marlboro
Clarendon	Florence	Lee	Sumter
Darlington	Georgetown	Marion	Williamsburg

Transitioning From Another Medicaid Program To The Community Supports Waiver

When transitioning a person from a State Plan Medicaid Program such as Children's Personal Care Assistance (CPCA) or State Plan Private Duty Nursing, from one of the CLTC Waivers such as Community Choices, the Mechanical Vent Waiver, the HIV/AIDS Waiver or the Medically Complex Children's Waiver, or from another SCDDSN Waiver, it is important that the person seeking to enter the Community Supports Waiver maintain Medicaid eligibility.

To prevent an interruption of Medicaid services, coordination with the CLTC Case Manager/Nurse, the provider(s) of service, and the Waiver Enrollment Coordinator is needed **prior** to any change. In order to maintain uninterrupted Medicaid eligibility, the Medicaid Eligibility Worker must be informed of the Community Supports Waiver enrollment date and the participant's ICF/IID Level of Care date to properly update the participant's information.

For a smooth transition between Medicaid programs to occur, the following steps must be taken:

1. Verify with the Waiver Enrollment Coordinator that the person is ready to transition from State Plan Children's PCA/State Plan Private Duty Nursing or other Home and Community Based (HCB) Waiver. Once this has been verified, the Service Coordinator/Early Interventionist must contact the CLTC Case Manager to **discuss** the services being received **and determine** an agreeable transition date for the current services to end and for the Community Supports Waiver services to begin. The Community Supports Waiver enrollment date will be the day **after** termination from the State Plan program/other HCB Waiver to avoid a break in Medicaid eligibility.
2. Contact the Waiver Enrollment Coordinator (see Attachment 1) to verify that the agreed upon transition date is acceptable to allow for proper completion of all enrollment requirements. Once the Waiver Enrollment Coordinator states that all enrollment processes are complete, then the Service Coordinator/Early Interventionist will complete the Memorandum of Confirmation of Transition (Community Supports Form 18).
3. Send the Memorandum of Confirmation of Transition (Community Supports Form 18) to:
 - the CLTC Case Manager (or Waiver Coordinator/designee, if transferring from another DDSN waiver) as verification of the waiver transition date;
 - the Waiver Enrollment Coordinator;
 - the DHHS Medicaid Eligibility Worker; and
 - retain a copy in the participant's file.
4. After the case has been properly coordinated for transition, CLTC staff will terminate the participant from State Plan/waiver services and the relevant programs (or, if transferring from another DDSN waiver, the SC/EI will terminate existing services).

NOTE: CLTC policy prohibits backdating terminations for any CLTC or State Plan Program.